Post-Traumatic Stress Disorder
July , 2003

1: Am J Nurs. 2003 Jul;103(7):61.
It's all in my head.
Mason DJ.
PMID: 12877128 [PubMed - indexed for MEDLINE]

2: Ann Clin Psychiatry. 2002 Sep;14(3):183-90.
Sleep in posttraumatic stress disorder.
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Posttraumatic stress disorder (PTSD) is often associated with sleep disturbances. In this review, we focus on the published literature on subjective and objective findings of sleep in patients with PTSD. Insomnia and nightmares are most commonly reported subjective sleep disturbances. Polysomnographic investigations have frequently reported rapid eye movement (REM) sleep abnormalities in PTSD. However, studies have not been consistent about the type of REM sleep dysfunction in PTSD patients. Antidepressants such as nefazodone, trazodone, fluvoxamine, and imagery rehearsal therapy are found to be beneficial in the treatment of PTSD associated sleep disturbances as well as core symptoms of this anxiety disorder. We propose use of such modalities of treatment in PTSD patients with predominant sleep disturbances. Further studies are required to clarify polysomnographic sleep changes especially role of REM sleep dysregulation and treatment of sleep disturbances in PTSD.
Publication Types:
Review
Review, Tutorial
PMID: 12585568 [PubMed - indexed for MEDLINE]

3: Ann Pharmacother. 2003 May;37(5):664-6.
Gabapentin and posttraumatic stress disorder.
Malek-Ahmadi P.
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OBJECTIVE: To report the effects of gabapentin in a patient with concurrent

depression and posttraumatic stress disorder (PTSD) and review the use of antiepileptic drugs (AEDs) in PTSD. CASE SUMMARY: A 37-year-old Latin American woman was being treated for major depression and PTSD. While the depressive symptoms were in remission, she reported a significant reduction in the frequency of her flashbacks after gabapentin was added to venlafaxine. She did not receive any type of psychotherapy. The flashbacks recurred after she discontinued gabapentin. DISCUSSION: While the improvement reported by the patient may have been related to a placebo effect or spontaneous recovery, treatment with gabapentin may have played a role in alleviating the flashbacks. Other published reports suggest that AEDs have a beneficial effect on some PTSD symptoms. CONCLUSIONS: AEDs may be of some therapeutic value in patients with PTSD. Future controlled studies are warranted to investigate the effectiveness of these agents.
PMID: 12708942 [PubMed - indexed for MEDLINE]

4: Aust N Z J Psychiatry. 2003 Feb;37(1):97-103.
Establishment of a disaster-related psychological screening test.
Chou FH, Su TT, Ou-Yang WC, Chien IC, Lu MK, Chou P.
Department of Adult Psychiatry, Kai-Suan Psychiatric Hospital, Taipei, Taiwan.
OBJECTIVE: To create a short screening scale for the detection of posttraumatic stress disorder (PTSD) and major depressive disorder (MDE) in earthquake survivors in Taiwan. METHOD: Trained research assistants used the Disaster-Related Psychological Screening Test (DRPST) to assess 461 residents of a village that had experienced a major earthquake. The participants were also evaluated by psychiatrists using the Mini-International Neuro-psychiatric Interview (MINI). Best subset regression analysis and the receiver operating characteristics curve were used to select a subset of items and cut-off points from the DRPST. RESULTS: A seven-symptom scale and a three-symptom analogue were
selected for PTSD and MDE screening, respectively. Scores of three or more on the PTSD scale and two or more on the MDE scale were used to define a group of positive cases that provide useful information for the patient cohort and will be valuable in long-term follow-up studies of the prevalence of psychiatric diseases following a natural disaster. However, higher scores could also be used to define positive cases under limited psychiatric care resources. CONCLUSION: The DRPST, which was administered for phase 1 of this two-phase study, may be used for effective and rapid screening for PTSD and MDE after an earthquake, despite the usual limitations on resources following a disaster.
Publication Types:
Validation Studies
PMID: 12534664 [PubMed - indexed for MEDLINE]

5: Biol Psychiatry. 2003 May 1;53(9):834-43.
Toward early pharmacological posttraumatic stress intervention.
Morgan CA 3rd, Krystal JH, Southwick SM.
Clinical Neurosciences Division, VA National Center for PTSD, West Haven, Connecticut, USA.
In the acute aftermath of exposure to extreme stress, nearly all trauma survivors experience one or more transient symptoms of stress. In the short run, these symptoms may serve an adaptive role and generally remit; in some cases, however, acute stress-related symptoms do not diminish and instead evolve into posttraumatic stress disorder (PTSD). At present it is not clear when and with whom to intervene. On one hand, it is possible that some responses, such as

early intrusive memories, effectively recruit support from others and facilitate the psychological processing of trauma; on the other hand, failing to intervene clinically with a recently traumatized individual may permit the subsequent development of PTSD. In this review, we focus on potential pharmacologic interventions aimed at treating early symptoms of extreme arousal or dissociation with the hope of possibly preventing PTSD. To date there is almost no empirical data on effective pharmacologic interventions in the immediate aftermath of extreme psychological trauma. As a result, much of what is discussed in this review is speculative in nature
Publication Types:
Review
Review, Tutorial
PMID: 12725976 [PubMed - indexed for MEDLINE]

6: Can J Psychiatry. 2003 May;48(4):282-3.
Quetiapine reduces flashbacks in chronic posttraumatic stress disorder.
Filteau MJ, Leblanc J, Bouchard RH.
Publication Types:
Letter
PMID: 12776399 [PubMed - indexed for MEDLINE]

7: Community Ment Health J. 2003 Apr;39(2):157-65.
The emotional distress in a community after the terrorist attack on the World Trade Center.
Chen H, Chung H, Chen T, Fang L, Chen JP.
Department of Psychiatry, Harvard Medical School and Charles B. Wang Community Health Center, USA. hongtuchen@hotmail.com
OBJECTIVES: To examine psychological impact of the September 11th disaster on the immediate neighborhood of the New York World Trade Center. METHODS: 555 residents from the local Chinatown community participated in the study. They were surveyed retrospectively on their emotional-distress immediately after the tragedy and five months later. RESULTS: Prevalent anxiety was found in general community residents and additional depression in those who lost family members or friends. The mental health condition of the community improved tremendously five months later, with the initial 59% of general residents having 4 or more emotional symptoms dropping to 17%. However, more than half of the community residents had persistently shown one or more symptoms of emotional distress. Those who had lost a family member or friend in the disaster showed significantly higher distress, with 90% of them had four or more major psychiatric symptoms during the first few weeks right after the disaster, and the rate dropped to 35% five months later. Overall, those in their 40s and 50s seemed to have had relatively higher emotional distress than both younger and older groups. DISCUSSION: Methodological limitations were discussed concerning retrospective reporting and sample characteristics.
PMID: 12723849 [PubMed - indexed for MEDLINE]

8: Crisis. 2003;24(1):29-31.
Networking to support suicide survivors.
De Fauw N, Andriessen K.
Mental Health Center, Halle, Belgium. cgg-passant-halle@pi.be
This paper is the first report on a national program for increasing bereavement support for suicide survivors in the Flemish region in Belgium. A Working Group consisting of representatives of a wide variety of mental health institutions,

social programs, and suicide survivor groups in the area determined that a program developing networks between the services seems to hold the greatest promise for both an increase in the number of services available and an improvement in the quality of services offered.
Publication Types:
Evaluation Studies
PMID: 12809150 [PubMed - indexed for MEDLINE]

9: Curr Med Res Opin. 2003;19(1):13-21.
Focus on paroxetine.
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This review of paroxetine is based on Medline and PsycLit searches and a manual search of the available research literature. It aims to cover the pharmacology of this frequently prescribed SSRI antidepressant in terms of its indications, efficacy and adverse effects. Overall, paroxetine is a well-tolerated and safe first-line SSRI antidepressant with anxiolytic qualities. It has been found useful in depression, anxiety and other conditions such as obsessive compulsive disorder and post-traumatic stress disorder. The antidepressant has some advantages over earlier tricyclic medication in terms of a lack of cardiovascular side-effects and relative safety in overdose. Cessation of use, however, is associated with withdrawal or discontinuation symptoms and patients should be counselled as to how these might be avoided. A 3- or 4-week graded withdrawal regimen, perhaps with concomitant fluoxetine to cover serotonergic discontinuation symptoms, may be advisable.
Publication Types:
Review
Review, Tutorial
PMID: 12661775 [PubMed - indexed for MEDLINE]

10: Emerg Med Serv. 2003 May;32(5):77-80.
EMS mythology, Part 3. EMS myth #3: Critical incident stress management (CISM) is effective in managing EMS-related stress.
Bledsoe BE.
PMID: 12776417 [PubMed - indexed for MEDLINE]

11: Emerg Nurse. 2003 May;11(2):22-7.
Coming home from war: a literature review.
Wild D.
University of the West of England, Bristol.
Publication Types:
Review
Review Literature
PMID: 12774587 [PubMed - indexed for MEDLINE]

12: Harv Ment Health Lett. 2003 Jun;19(12):6-7.
A genetic legacy of trauma.
[No authors listed]
PMID: 12835133 [PubMed - indexed for MEDLINE]

13: Int J Emerg Ment Health. 2003 Winter;5(1):1-2.
Pastoral crisis intervention in response to terrorism.
Everly GS Jr.
Pastoral crisis intervention may be thought of as the functional integration of crisis intervention and pastoral support. In effect, the practice of pastoral crisis intervention largely represents the use of faith-based interventions refined and augmented through the use of an emergency mental health delivery context. The value of pastoral crisis intervention seems apparent in situations involving death, serious injury, mass disasters, and cataclysmic events such as war. Nowhere, however, is pastoral crisis intervention potentially more useful than in response to real or threatened terrorism.
Publication Types:
Editorial
PMID: 12722484 [PubMed - indexed for MEDLINE]

14: Int J Emerg Ment Health. 2003 Winter;5(1):15-28.
PSTD, major depressive symptoms, and substance abuse following September 11, 2001, in a midwestern university population.
Cardenas J, Williams K, Wilson JP, Fanouraki G, Singh A.
Cleveland State University, 2300 Chester Avenue, Cleveland State University, Cleveland, OH 44115, USA.
This research investigated the prevalence of Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder (MDD) and substance abuse in a midwestern university population following the terrorist attacks on September 11, 2001, in New York City and Washington, DC. Three-hundred five subjects volunteered to complete a questionnaire which measured nine areas of psychosocial functioning which included demographics, personality, PTSD, MDD, prior traumatic experiences, alcohol and drug use, psychiatric history and treatment, and current attitudes towards government, religion, the economy, and how children were affected by the events. The participants lived in a large urban city over which United Flight 93 circled before crashing in Pennsylvania due to terrorist attacks. The subjects were forced to evacuate their university and city due to attacks on New York and errant United Flight 93. The study also replicated the first two national studies on PTSD prevalence (Schuster, et al., 2002; Galea, et al., 2002). The results found a prevalence rate of 5.9% for probable PTSD, matching identically previous national surveys. There were higher levels of PTSD and MDD for females, those with less education and who were single or unmarried, and those who had a prior history of mental health problems or psychological trauma. PTSD and MDD were associated with higher levels of alcohol and drug use since September 11. Relations to active duty military personnel appear to moderate the perception of threat, suggesting the importance of affiliative kinship patterns to coping with stress. Finally, the concept of geographic and psychological proximity to the 'zone of danger' is discussed.
PMID: 12722486 [PubMed - indexed for MEDLINE]

15: Int J Emerg Ment Health. 2003 Winter;5(1):39-42.
Coping with threats of terrorism: a protocol for group intervention.
Ottenstein RJ.
Workplace Trauma Center, 9199 Reisterstown Road, Suite 105-B, Owings Mills, MD 21117, USA. rjo@workplacetraumacenter.com
This article presents a group protocol designed to assist people in coping with

direct and ongoing threats of terrorism. The protocol is intended to enable participants to address the psychological issues necessary to cope during periods of extreme threat. A step-by-step description of the protocol is provided.
PMID: 12722489 [PubMed - indexed for MEDLINE]

16: Issues Ment Health Nurs. 2003 Apr-May;24(3):257-72.
Nursing in the Native American culture and historical trauma.
Struthers R, Lowe J.
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Historical trauma is a significant fact in the Native American community, a fact affecting both health status and social milieu. Mental health nurses and other persons working in the mental health professions will be confronted over and over with historical trauma when working with Native American peoples and communities. To heal historical trauma, culturally appropriate strategies derived from the ancient knowledge, philosophy, and world view of Native America are needed. One tool mental health care providers can use when encountering historical trauma is the Conceptual Framework of Nursing in the Native American Culture.
PMID: 12623685 [PubMed - indexed for MEDLINE]

17: J Clin Psychiatry. 2003 Apr;64(4):445-50.
The effect of nefazodone on subjective and objective sleep quality in posttraumatic stress disorder.
Neylan TC, Lenoci M, Maglione ML, Rosenlicht NZ, Leykin Y, Metzler TJ, Schoenfeld FB, Marmar CR.
Department of Psychiatry, University of California, and the Psychiatry Service, San Francisco Veterans Affairs Medical Center, 94121, USA. neylan@itsa.ucsf.edu
BACKGROUND: This study assesses the efficacy of nefazodone treatment (target dose of 400-600 mg/day) on objective and subjective sleep quality in Vietnam combat veterans with chronic DSM-IV posttraumatic stress disorder (PTSD).
METHOD: Medically healthy male Vietnam theater combat veterans with DSM-IV PTSD
(N = 10) completed a 12-week open-label trial. Two nights of ambulatory polysomnography were obtained at baseline and at the end of the trial. PTSD and depressive symptoms and subjective sleep quality were assessed at baseline and after 12 weeks. Data were collected in 1999 and 2000. RESULTS: Nefazodone treatment led to a significant decrease in PTSD and depressive symptoms ($p < .05$), an improvement in global subjective sleep quality, and a reduction in nightmares. Nefazodone also resulted in a substantial improvement in objective measures of sleep quality, particularly increased total sleep time, sleep maintenance, and delta sleep as measured by period amplitude analysis.
CONCLUSION: Nefazodone therapy results in an improvement of both subjective and objective sleep quality in subjects with combat-related PTSD.
Publication Types:
Clinical Trial
PMID: 12716248 [PubMed - indexed for MEDLINE]

18: J Clin Psychol. 2003 Mar;59(3):385-97.

Clinical presentations in combat veterans diagnosed with posttraumatic stress disorder.
Elhai JD, Frueh BC, Davis JL, Jacobs GA, Hamner MB.
Disaster Mental Heealth Institute, University of South Dakota, Vermillion, 57069-2390, USA. jonelhai@homail.com
This article investigated subtypes of symptom patterns among male combat veterans diagnosed with posttraumatic stress disorder (PTSD) through a cluster analysis of their Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Graham, Ben-Porath, Tellegen, Dahlstrom, & Kaemmer, 2001) clinical and validity scales. Participants were 126 veterans seeking outpatient treatment for combat-related PTSD at a Veterans Affairs Medical Center. Two well-fitting MMPI-2 cluster solutions (a four-cluster solution and a three-cluster solution) were evaluated with several statistical methods. A four-cluster solution was determined to best fit the data. Follow-up analyses demonstrated between-cluster differences on MMPI-2 "fake bad" scales and content scales, the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), Mississippi Combat PTSD scale (M-PTSD; Keane, Caddall, & Taylor, 1988), and Clinician-Administered PTSD Scale (CAPS-1; Blake et al., 1990). Clusters also were different in disability-seeking status, employment status, and income. Implications for research and clinical practice using the MMPI-2 with combat veterans presenting with PTSD are briefly addressed. Copyright 2003 Wiley Periodicals, Inc. J Clin Psychol 59: 385-397, 2003.
PMID: 12579553 [PubMed - indexed for MEDLINE]

19: J Consult Clin Psychol. 2003 Jun;71(3):419-31.
Posttraumatic stress disorder following assault: the role of cognitive processing, trauma memory, and appraisals.
Halligan SL, Michael T, Clark DM, Ehlers A.
Department of Psychiatry, University of Oxford, England.
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Two studies of assault victims examined the roles of (a) disorganized trauma memories in the development of posttraumatic stress disorder (PTSD), (b) peritraumatic cognitive processing in the development of problematic memories and PTSD, and (c) ongoing dissociation and negative appraisals of memories in maintaining symptomatology. In the cross-sectional study (n = 81), comparisons of current, past, and no-PTSD groups suggested that peritraumatic cognitive processing is related to the development of disorganized memories and PTSD. Ongoing dissociation and negative appraisals served to maintain PTSD symptoms. The prospective study (n = 73) replicated these findings longitudinally. Cognitive and memory assessments completed within 12-weeks postassault predicted
6-month symptoms. Assault severity measures explained 22% of symptom variance; measures of cognitive processing, memory disorganization, and appraisals increased prediction accuracy to 71%.
PMID: 12795567 [PubMed - indexed for MEDLINE]

20: J Int Neuropsychol Soc. 2003 May;9(4):663-76.
Coexistence of posttraumatic stress disorder and traumatic brain injury: towards a resolution of the paradox.
Harvey AG, Brewin CR, Jones C, Kopelman MD.
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The coexistence of posttraumatic stress disorder (PTSD) and traumatic head or brain injury (TBI) in the same individual has been proposed to be paradoxical. It has been argued that individuals who sustain a TBI and have no conscious memory of their trauma will not experience fear, helplessness and horror during the trauma, nor will they develop reexperiencing symptoms or establish the negative associations that underlie avoidance symptoms. However, single case reports and incidence studies suggest that PTSD can be diagnosed following TBI. We highlight critical issues in assessment, definitions, and research methods, and propose two possible resolutions of the paradox. One resolution focuses on ambiguity in the criteria for diagnosing PTSD. The other involves accepting that TBI patients do experience similar symptoms to other PTSD patients, but that there are crucial differences in symptom content.
Publication Types:
Review
Review, Academic
PMID: 12755178 [PubMed - indexed for MEDLINE]

21: J Occup Health Psychol. 2003 Apr;8(2):157-66.
Critical incidents and chronic stressors at work: their impact on forensic doctors.
van der Ploeg E, Dorresteijn SM, Kleber RJ.
Department of Clinical Psychology, Utrecht University, The Netherlands. E.vanderPloeg@fss.uu.nl
Workers in medium- or high-risk professions are often confronted with critical incidents at the workplace. The impact of these acute stressors may be serious and enduring. Many workers also experience chronic job stressors, such as work overload or role conflicts. This study examined the frequently neglected relationship of acute and chronic stressors with self-reported health symptoms, such as posttraumatic responses, fatigue, and burnout This association was investigated in a sample of forensic doctors in the Netherlands (N = 84). It was found that the more traumatic events the respondents experienced, the more problems they reported in coping with the traumatic events. Chronic job stressors were associated with posttraumatic responses (intrusions and avoidances) and with burnout and fatigue.
PMID: 12703881 [PubMed - indexed for MEDLINE]

22: J Occup Rehabil. 2003 Jun;13(2):63-77.
Posttraumatic stress disorder (PTSD) in the workplace: a descriptive study of workers experiencing PTSD resulting from work injury.
MacDonald HA, Colotla V, Flamer S, Karlinsky H.
Department of Psychology, University of Calgary, Calgary, Alberta, Canada.
In view of the relatively understudied status of work-related posttraumatic stress disorder (PTSD), this study retrospectively examined 44 workers whose claims were accepted for workers' compensation benefits in the absence of significant coexisting physical injuries. The majority of workers (82%) directly experienced the traumatic event while the rest witnessed the event. Over half (54%) of those directly experiencing the event were involved in armed robberies, whereas 38% were physically or verbally assaulted in nonrobbery situations. Almost half of the workers were assigned a coexisting mood or anxiety diagnosis. Psychoactive medication was prescribed to 66% of workers, and 93% of all workers received some form of psychological/psychiatric treatment. Twenty-three percent of the group received vocational rehabilitation assistance and only 43% returned

to their previous job with the accident employer. Findings suggest that work-related PTSD is both complex and disabling and merits further investigation.
Publication Types:
Review
Review Literature
PMID: 12708101 [PubMed - indexed for MEDLINE]

23: J R Soc Health. 2003 Jun;123(2):120-3.
Brain function and conditioning in posttraumatic stress disorder.
Redgrave K.
Posttraumatic stress disorder (PTSD) is commonly treated by psychotherapy, which may draw upon behavioural psychology or cognitive-behavioural psychology, thereby making use of desensitisation techniques--amongst others; hypnotherapy may also be used. Hypnotherapy and psychotherapy are also available for helping patients who suffer from symptoms associated with general stress or who show phobic symptoms, such as a fear of heights or of walking across bridges. Studies of patients with such disorders have not always linked emotional (affective) and behavioural symptoms with psychophysical factors, which correlate with the symptoms. The present article not only does this, but also shows that it is possible for brain function and psychoemotional outcome to mislead a person and 'trick' him or her into believing that certain fears or panics appear 'out of the blue' or might be due to experiences other than the true cause. These may be important when, for instance, childhood memories form an issue in any court case.
PMID: 12852198 [PubMed - indexed for MEDLINE]

24: Lancet. 2003 Jun 21;361(9375):2128-30.
Common mental disorders in postconflict settings.
de Jong JT, Komproe IH, Van Ommeren M.
Transcultural Psychosocial Organisation (TPO), WHO Collaborating Centre for Refugees and Ethnic Minorities, Keizersgracht 329, 1016 EE, Amsterdam, Netherlands.
Research into postconflict psychiatric sequelae in low-income countries has been focused largely on symptoms rather than on full psychiatric diagnostic assessment. We assessed 3048 respondents from postconflict communities in Algeria, Cambodia, Ethiopia, and Palestine with the aim of establishing the prevalence of mood disorder, somatoform disorder, post-traumatic stress disorder (PTSD), and other anxiety disorders. PTSD and other anxiety disorders were the most frequent problems. In three countries, PTSD was the most likely disorder in individuals exposed to violence associated with armed conflict, but such violence was a common risk factor for various disorders and comorbidity combinations in different settings. In three countries, anxiety disorder was reported most in people who had not been exposed to such violence. Experience of violence associated with armed conflict was associated with higher rates of disorder that ranged from a risk ratio of 2.10 (95% CI 1.38-2.85) for anxiety in Algeria to 10.03 (5.26-16.65) for PTSD in Palestine. Postconflict mental health programmes should address a range of common disorders beyond PTSD.
PMID: 12826440 [PubMed - indexed for MEDLINE]

25: Mil Med. 2003 Jun;168(6):486-9.
Quetiapine for treatment of refractory symptoms of combat-related post-traumatic

stress disorder.
Sokolski KN, Denson TF, Lee RT, Reist C.
Long Beach VA Health Care System, Mental Health Care Group, Long Beach, CA, USA.
To assess the effects of adjunctive quetiapine for treatment of refractory symptoms of combat-related post-traumatic stress disorder (PTSD), charts of Vietnam veterans with war-connected PTSD who had been prescribed quetiapine were
reviewed. Only patients with symptoms that had not responded to adequate therapy with two or more psychotropic medications prior to quetiapine treatment were analyzed. Addition of quetiapine to ongoing therapy resulted in further symptomatic improvements in DSM-IV PTSD criterion B (re-experiencing) for 35%, criterion C (avoidance/numbing) for 28%, and criterion D (arousal) for 65% of study subjects. Low doses of quetiapine (mean = 155 +/- 130 mg) were associated with minimal side effects. These results, although retrospective, suggest that augmentative quetiapine may benefit some refractory symptoms of PTSD in combat veterans.
PMID: 12834142 [PubMed - indexed for MEDLINE]

26: Mil Med. 2003 May;168(5):414-8.
Mortality and postcombat disorders: U.K. veterans of the Boer War and World War
Jones E, Vermaas RH, Beech C, Palmer I, Hyams K, Wessely S.
Department of Psychological Medicine, Guy's, King's, and St. Thomas's School of Medicine, 103 Denmark Hill, London SE5 8AZ, United Kingdom.
This study seeks to investigate the mortality rates of U.K. servicemen with postcombat syndromes following the Boer War and World War I. Random samples of veterans awarded war pensions for either disordered action of the heart (DAH) or neurasthenia/shellshock were compared with gunshot wounded ex-servicemen as controls. The destruction of pension records has led to reliance on groups of the longest lived veterans, which diminishes their representative qualities. Study groups were matched by rank and level of disability. With the exception of DAH cases in World War I, no statistically significant difference in mortality rates was found using Cox proportional hazards. The same DAH subjects were then compared with gunshot wound controls whose disability had been assessed 20% higher, and no statistically significant difference was seen. The reason why World War I veterans with DAH had a reduced life expectancy remains unclear, although it is possible that physician bias in assessment and the termination by the Ministry of Pensions of awards granted to healthy cases may have been factors. Postcombat disorders suffered by U.K. servicemen after the Boer War and World War I were not generally associated with an increased mortality.
PMID: 12775180 [PubMed - indexed for MEDLINE]

27: Prehosp Emerg Care. 2003 Apr-Jun;7(2):272-9.
Critical incident stress management (CISM): benefit or risk for emergency services?
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BACKGROUND: Critical incident stress management (CISM) has become a common practice in modern emergency services. Described in 1983 as critical incident stress debriefing (CISD), CISM was originally marketed to help emergency personnel deal with ostensibly stressful situations they would encounter as a part of their work. OBJECTIVE: To review the status of the medical and

psychological literature regarding the efficacy and safety of CISM. METHODS: Several pertinent databases were accessed and searched for scientific articles pertaining to CISM. These were subsequently analyzed for methodology and pertinence to the study topic. RESULTS: Numerous scientific articles were found concerning CISM. Several high-quality studies were identified, but many other studies lacked adequate methodology sufficient for use in an evidence-based medicine approach. Others were from trade magazines, non-refereed journals, and obscure mental health journals. Several meta-analyses and randomized controlled trials (RCTs) were found. Overall, these studies show that, at best, CISM has no effect on preventing psychiatric sequelae following a traumatic event, particularly post-traumatic stress disorder (PTSD). Furthermore, several studies report possible paradoxical worsening of stress-related symptoms in patients and personnel receiving CISM. CONCLUSIONS: Despite the limitations of the existing literature base, several meta-analyses and RCTs found CISM to be ineffective in preventing PTSD. Several studies found possible iatrogenic worsening of stress-related symptoms in persons who received CISM. Because of this, CISM should be curtailed or utilized only with extreme caution in emergency services until additional high-quality studies can verify its effectiveness and provide mechanisms to limit paradoxical outcomes. It should never be a mandatory intervention.
Publication Types:
Review
Review Literature
PMID: 12710792 [PubMed - indexed for MEDLINE]